

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Feb 06, 2001 8:00 am**  
**Secretary of State**

02-06-2001 90271 008 \*\*\*\*70.00

**DOCUMENT # N93000000604**

1. Entity Name

**SANS SOUCI ATHLETIC ASSOCIATION, INC.**

Principal Place of Business

**PO BOX 16295  
 JACKSONVILLE FL 32216**

Mailing Address

**PO BOX 16295  
 JACKSONVILLE FL 32216**

**00014494**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

**59-3085770**

Applied For

Not Applicable

5. Certificate of Status Desired ☒

**\$8.75** Additional  
 Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**RAY, BILL  
 2434 UNA DR  
 JACKSONVILLE FL 32216**

Name

Street Address (P.O. Box Number is Not Acceptable)

City

**FL**

Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the state of Florida.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW:  
 FEE IS \$61.25**

9. Election Campaign Financing  
 Trust Fund Contribution. ☐

**\$5.00** May Be  
 Added to Fees

**Make Check Payable to  
 Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE PD ☒ Delete  
 NAME JOHNSON, JOE  
 STREET ADDRESS 2581 HIRSH AVE  
 CITY-ST-ZIP JACKSONVILLE FL

TITLE P ☒ Change ☐ Addition  
 NAME RAY, KAREN M.  
 STREET ADDRESS 2434 UNA DRIVE  
 CITY-ST-ZIP JACKSONVILLE FL 32216-5039

TITLE D ☒ Delete  
 NAME JONES, AL  
 STREET ADDRESS 2535 W WHITEHORSE RD  
 CITY-ST-ZIP JACKSONVILLE FL

TITLE D ☒ Change ☐ Addition  
 NAME MCGILL, DUANE  
 STREET ADDRESS 5222 PENN CIRCLE  
 CITY-ST-ZIP JACKSONVILLE FL 32207

TITLE SD ☒ Delete  
 NAME FOSTER, DON  
 STREET ADDRESS 3272 BRNT BREEK LN  
 CITY-ST-ZIP JACKSONVILLE FL

TITLE S ☒ Change ☐ Addition  
 NAME FOSTER, KATHY  
 STREET ADDRESS 3272 BENT CREEK LANE  
 CITY-ST-ZIP JACKSONVILLE FL 32216

TITLE D ☐ Delete  
 NAME RAY, BILL  
 STREET ADDRESS 2434 UNA DR  
 CITY-ST-ZIP JACKSONVILLE FL 32216-5039

TITLE ☐ Change ☐ Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

**SIGNATURE REQUIRED**  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**01-31-01**

Date

**292-8118**

Daytime Phone #

CR2E037 (10/00)